

Urban District of Garforth

Annual Report

of the

MEDICAL OFFICER OF HEALTH

(A. L. TAYLOR., M.D., Ch.B., D.P.H.)

and the

SANITARY INSPECTOR

(R. A. NAYLOR, Cert. R.S.I., M.S.I.A.)

1953.



Urban District of Garforth

Annual Report

of the

MEDICAL OFFICER OF HEALTH

(A. L. TAYLOR., M.D., Ch.B., D.P.H.)

and the

SANITARY INSPECTOR

(R. A. NAYLOR, Cert. R.S.I., M.S.I.A.)

1953.

Garforth Urban District Council.

Chairman of the Council:

Councillor A. Ridgway, J.P.

Vice-Chairman:

Councillor E. Linley.

Public Health Committee:

Chairman: Councillor H. Rhodes.

Vice-Chairman: Councillor A. Morley.

Councillor P. Booker.

Councillor S. Leigh.

Councillor E. Brownridge.

Councillor A. A. Mathewman.

Councillor H. Ellis.

Councillor S. Oxtoby.

Councillor P. Fenton.

Councillor J. Parker.

Councillor W. R. Fenton.

Councillor A. Prince.

Councillor Mrs. M. A. Gough.

Councillor F. W. Riley.

Councillor J. Kilburn, J.P.

Councillor I. Spencer.

Medical Officer of Health:

A. L. Taylor, M.D., D.P.H.

Sanitary Inspector:

R. A. Naylor, C.R.S.I., M.S.I.A.

Clerk of the Council:

B. G. Taylor.

Garforth Urban District Council.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1953.

Area in Acres	..	..	..	..	..	..	4,000
Registrar General's Estimate of Population for 1953	..						12,390
Number of Inhabited Houses 1953, according to Rate Book	..	..	..	..	..	..	3,945
Rateable Value, Year Commencing 1.4.53	..					..	£53,633
Net product of a Penny Rate, Year Commencing 1.4.53							£214

VITAL STATISTICS IN 1953.

					<i>M.</i>	<i>F.</i>	<i>Total</i>
Live Births—							
Legitimate	..	..	..	..	90	85	175
Illegitimate	..	..	..	..	2	—	2
Total					92	85	177
Still Births—							
Legitimate	..	..	..	..	3	3	6
Illegitimate	..	..	..	..	—	—	—
Total					3	3	6
Birth Rate—							
Birth Rate (live and still) per 1,000 of the estimated resident population (corrected)							
	..				..	..	14.0
Deaths—							
All Ages	..	..	..	..	67	65	132
Death Rate per 1,000 of the estimated resident population (corrected)							
	..				..	..	11.3
Deaths of Infants under 1 year	..				1	1	2
Death Rate of Infants under 1 year :—							
All Infants per 1,000 live births	..				..	..	11.3
Legitimate Infants per 1,000 legitimate live births	..						11.4
Illegitimate Infants per 1,000 illegitimate live births							—

Deaths from Diarrhoea (under 2 years of age)	..	—
Rate per 1,000 population	.. ..	—
Rate per 1,000 live births	.. ..	—
Deaths from Measles (all ages)	.. ..	—
Deaths from Whooping Cough (all ages)	.. ..	—
Deaths from Cancer (all ages)	.. ..	26

Maternal Mortality—

Deaths	.. ..	—
Rate per 1,000 (live and still) Births	.. ..	—

RECORD OF DEATHS IN AGE GROUPS, 1953.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 year	1	1	2
1—5 years	—	—	—
5—10 years	—	—	—
10—15 years	—	—	—
15—20 years	—	—	—
20—25 years	1	—	1
25—35 years	1	—	1
35—45 years	3	1	4
45—55 years	9	9	18
55—65 years	14	12	26
65—70 years	7	6	13
70—75 years	9	14	23
75—80 years	12	7	19
80—85 years	7	11	18
85—90 years	2	3	5
Over 90 years	1	1	2
TOTALS	67	65	132

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1953.


	Garforth Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admini- strative County	England and Wales
Population	12,390	1,158,200	434,400	1,592,600	*
Births—Males	92	9,296	3,730	13,026	*
Females	85	8,499	3,501	12,000	*
Total	177	17,795	7,231	25,026	*
Deaths—Males	67	7,577	2,222	9,799	*
Females	65	6,885	1,820	8,705	*
Total	132	14,462	4,402	18,504	*
Deaths under 1 year					
Males	1	295	131	426	*
Females	1	197	110	307	*
Total	2	492	241	733	*
Stillbirths—Males ..	3	261	97	358	*
Females	3	196	79	275	*
Total	6	457	176	633	*
Total Live and Still- births	183	18,252	7,407	25,659	*

CRUDE RATES.

Birth (Live)	14.3	15.4	16.6	15.7	15.5
Death (All causes) ..	10.7	12.5	9.3	11.6	11.4
Infective and Para. Dis., excl. Tub., but incl. Syphilis and other V.D.	0.16	0.09	0.07	0.08	*
Tuberculosis—					
Respiratory	0.08	0.17	0.13	0.16	0.18
Tuberculosis—Other	—	0.02	0.02	0.02	0.02
Tuberculosis—					
All forms	0.08	0.19	0.15	0.18	0.20
Cancer	2.10	1.99	1.57	1.88	1.99
Vascular lesions of nervous system ..	2.02	1.96	1.24	1.76	*
Heart and Circulatory	3.71	4.63	3.27	4.26	*
Respiratory Diseases	0.89	1.39	1.06	1.30	*
Maternal Mortality ..	—	0.38	0.81	0.51	0.76
Infant Mortality ..	11.3	27.6	33.3	29.3	26.8
Stillbirth	32.8	25.0	23.8	24.7	22.4

* Figures not available.

All the Maternal Mortality Rates quoted in this Schedule are per 1,000 Live and Still Births.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29253743>

Garforth Urban District Council.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953

*To the Chairman and Members of the
Garforth Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

I submit herewith my Annual Report for 1953. It is my intention to follow in general principles my previous Reports. Included herein is an account of the work carried out in the Health Division of which Garforth Urban District forms part. Once again I will ask your indulgence in making a simple calculation to arrive at statistics relating to your own Urban District. The population of Garforth is slightly less than one-quarter of that of the whole Division, and thus division by four will give you a very fair idea of the volume of work carried out by the Local Health Authority Services functioning in the Urban District.

The over-all picture presented in the Report is one of steady and satisfactory progress. In particular, the Infantile Mortality Rate is worthy of special mention.

Environmental health has reached a stage at which only slow improvements can now be expected. The worst ravages of epidemic disease and of nutritional defects have, thank goodness, now been overcome. In the important field of maternity and infant welfare, the main gross failures of past years have been eliminated. Thus the tempo of improvement is bound to slow down, and we find ourselves concerned with the more resistant, though numerically less significant, defects, disorders and diseases of parturition and early life.

I should like to take this opportunity of thanking the Members of the Council, and in particular the Members of the Health Committee, for their unfailing courtesy and kindness to me during the year. I should like also to include in my expression of thanks the Clerk of the Council, and Mr. Naylor, Senior Sanitary Inspector. The happy atmosphere prevailing has added greatly to the pleasure and satisfaction which I derive from my work.

I remain, Lady and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

COMMENTS ON STATISTICAL DATA.

Outstanding among the Vital Statistics for 1953 is the Infantile Mortality Rate which, at 11.3 per thousand live births, is far and away the lowest ever recorded. I agree that the relatively small numbers in a population of 12,500 makes wide variation inevitable. Nevertheless, the fact that during the last ten years the over-all average Infantile Death Rate is only 28, as against 61.6 in the previous decade, points to solid and satisfactory progress in one of the most important fields of preventive medicine. The Infantile Mortality Rate is generally held to be one of the most sensitive indices of social and environmental conditions. Thus you have every reason to congratulate yourselves.

The Death Rate shows a slight increase but, nevertheless, still bears reasonable comparison with the rest of the County and with England and Wales as a whole. The overwhelming causes of death are now the degenerative conditions associated with advanced age. Deaths in the younger age groups are rare and the expectation of life is gradually and steadily increasing. Once again no maternal death was recorded and this is a reflection of the great care and skill bestowed on mothers by general practitioners, midwives and the Hospital service.

Epidemic disease, with the exception of a prevalence of mild Scarlet Fever, was almost entirely absent.

The figures relating to Tuberculosis show little alteration, but certain trends are discernible which lead one to take an optimistic view of the future in this particular field.

CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT, 1953.

Cause of Death	M.	F.	Cause of Death	M.	F.
ALL CAUSES	67	65	28. Nephritis and Nephrosis	1	1
1. Tuberculosis, respiratory ..	—	1	29. Hyperplasia of prostate ..	1	—
2. Tuberculosis, other ..	—	—	30. Pregnancy, childbirth, abortion	—	—
3. Syphilitic Disease ..	1	1	31. Congenital malformations	1	—
4. Diphtheria	—	—	32. Other defined and ill-defined diseases ..	4	5
5. Whooping Cough ..	—	—	33. Motor vehicle accidents ..	—	—
6. Meningococcal infections ..	—	—	34. All other accidents ..	5	—
7. Acute Poliomyelitis ..	—	—	35. Suicide	—	2
8. Measles	—	—	36. Homicide and operations of war	—	—
9. Other infective and parasitic diseases ..	—	—			
10. Malignant Neoplasm—Stomach	4	2	Live Births :—		
11. Malignant Neoplasm—Lung, Bronchus ..	3	1	Total	92	85
12. Malignant Neoplasm—Breast	—	3	Legitimate	90	85
13. Malignant Neoplasm—Uterus	—	—	Illegitimate	2	—
14. Other malignant and lymphatic neoplasms ..	5	8			
15. Leukaemia, aleukaemia ..	—	—	Still Births :—		
16. Diabetes	—	1	Total	3	3
17. Vascular lesions of nervous system ..	12	13	Legitimate	3	3
18. Coronary disease, angina ..	13	11	Illegitimate	—	—
19. Hypertension, with heart disease ..	1	—			
20. Other heart disease ..	7	7	Deaths of Infants under one year of age :—		
21. Other circulatory disease ..	2	5	Total	1	1
22. Influenza	3	2	Legitimate	1	1
23. Pneumonia	3	—	Illegitimate	—	—
24. Bronchitis	1	1			
25. Other diseases of respiratory system ..	—	1			
26. Ulcer of Stomach and Duodenum	—	—	Population .. 12,390		
27. Gastritis, Enteritis and Diarrhoea	—	—	Comparability Factors—		
			Births .. 0.98		
			Deaths .. 1.06		

INFANTILE MORTALITY IN 1953.

Net deaths from Stated Causes under One year of age.

Causes of Death	Under 1 week	1-2 wks.	2-3 wks.	3-4 wks.	Total under one month	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under one year
Prematurity Atelectasis ..	1	0	0	0	1	0	0	0	0	1
Capillary bronchitis follow- ing an upper respiratory tract infection	0	0	0	0	0	1	0	0	0	1
Totals	1	0	0	0	1	1	0	0	0	2

INFANT DEATHS PER THOUSAND LIVE BIRTHS.

1914—1923	1924—1933		1934—1943		1944—1953	
Not available	1924	N.A.	1934	134.6	1944	36.1
	1925	N.A.	1935	34.5	1945	22.1
	1926	51.2	1936	81.6	1946	20.0
	1927	57.6	1937	74.6	1947	31.0
	1928	64.5	1938	35.7	1948	36.0
	1929	56.6	1939	46.5	1949	30.1
	1930	N.A.	1940	47.9	1950	15.0
	1931	76.9	1941	77.2	1951	46.9
	1932	N.A.	1942	38.6	1952	31.9
	1933	150.9	1943	42.7	1953	11.3
	Average— 76.3		Average— 61.6		Average— 28.0	

Details of STILL-BIRTHS for the past Five years.

Year	No. of Live Births	No. of Still- births	Proportion of Still- births per 100 Live Births
1949	232	6	2.6
1950	205	4	2.0
1951	192	6	3.1
1952	188	3	1.6
1953	177	6	3.4

Details of NEO-NATAL DEATHS for the past Five years.

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal Deaths per 100 Live Births
1949	232	2	0.9
1950	205	2	1.0
1951	192	4	2.1
1952	188	6	3.2
1953	177	1	0.6

General Provisions of Health Services in the Area.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health (part time) :— Dr. A. L. Taylor, M.D., D.P.H.

Chief Sanitary Inspector :— R. A. Naylor, Cert. R.S.I., M.S.I.A.

Additional Sanitary Inspector :— R. Cockerham, Cert. R.S.I.

The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

The West Riding County Council, who are the Local Health Authority, are responsible for the administration of the Part III health services in the area. Division 16, in which Garforth Urban District is included, has a population of approximately 53,000, divided between three Urban Districts. The Medical Officer of Health of Garforth is also Divisional Medical Officer and School Medical Officer for the West Riding County Council and is responsible for the day to day administration of all the County Services throughout the Division. Further experience of the Divisional Scheme, as administered in the West Riding, has strengthened my belief in its essential soundness. All local contacts are close and there is very ready interchange of information between the Divisional Medical Officer and his colleagues on Local Authorities, in the Education Service, in general practice, Hospitals and all the closely associated services. The compact size of the Division makes it possible to care for the public health needs of the community in a manner which would be impossible were the unit appreciably larger. To my knowledge, no trouble has been experienced during the year and I have no indication that any difficulty has been found in bringing to the notice of the Divisional Medical Officer any matters requiring his advice or attention.

Once again I should like to express my belief that any further delegation to Divisional bodies must, to effect improvement, be accompanied by financial autonomy and by powers of appointing and dismissing staffs locally.

This Report will include an account, mainly statistical, of the work carried out in the Health Division in public health services administered by the West Riding County Council. I hope that the information given will prove of interest, and you can rest assured that it gives a faithful picture of the conditions prevailing in the various Local Health Authority services. These are running satisfactorily and no major criticism is possible. The only limitations are those imposed by National conditions and are completely outside the control of Local Government.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY.

No major changes have occurred during the year. The Divisional Health Office continues to function satisfactorily and the only change in the administrative staff was caused by the resignation of the Senior Clerk, who took up another appointment. He has been replaced by a colleague and the staff recruited by the addition of a new junior.

The Central Clinic, situated in Rothwell, continues to serve most satisfactorily as a multi-clinic, although the journey from Garforth is sometimes made difficult by the fact that only a two-hourly bus service runs and the alternative route via Leeds is more expensive and very much longer.

The medical staff of the Division consists of the Divisional Medical Officer and two Assistant County Medical Officers, whose duties are mainly clinical. One Health Visitor resigned on taking up an appointment abroad. There were also the resignations of one Midwife and of one Home Nurse. Other workers include a part-time Speech Therapist, a part-time Mental Health Social Worker, and a part-time Orthopaedic Nurse. The Consultant Paediatrician is in attendance each month and an Aural Surgeon is available when his services are needed. The Ophthalmologist pays regular visits and her work is now completely up to date. The Dental Clinic in Rothwell is in full activity and much good work has been done during the year.

School Medical Service. The school population of the Division is approximately 7,000. The service is staffed clinically by the two Assistant County Medical Officers and by Health Visitors who act in the capacity of school nurses. The report which will follow will give some indication of the very considerable volume of work carried out during the year. May I remind you that a little mental arithmetic will be necessary to give the approximate figures for your own area. The conditions prevailing throughout the Division, both socially and industrially, are approximately the same and one is quite justified in assuming reasonable uniformity.

I am glad to be able to report that the general health of the child population has been maintained at a high level nutritionally. One can make practically no criticism. It is now many years since I saw a case of clinical rickets. Children are sturdy, well-nourished, clear of skin and bright of eye. There is, I am glad to

say, now virtually no delay in carrying out any necessary ear, nose or throat operations. Beds are readily available at Seacroft or at Clayton Hospital. This is a great improvement on the state of affairs a year or two ago.

The work of the School Medical Service has been greatly facilitated by the excellent relationship existing between ourselves and the Headmasters and Headmistresses of schools and the cordial manner in which the Divisional Education Officers respond to any approach. I should like to take this opportunity of expressing my appreciation of the many courtesies which have been experienced during the year.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING 1953.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1,078
Second age group	928
Third age group	511
Total	2,517

B.—OTHER INSPECTIONS.

Number of Special Inspections	106
Number of Re-inspections	356
Total	462

C.—PUPILS FOUND TO REQUIRE TREATMENT.

<i>Group</i>	<i>For Defective Vision (excluding squint)</i>	<i>For any of the other conditions recorded</i>	<i>Total individual pupils</i>
Entrants	43	210	253
Second age group	85	162	247
Third age group	45	88	132
TOTAL.. .. .	173	460	632

**LIST OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER,
1953.**

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	65	100	4	2
Eyes—(a) Vision	173	60	13	3
(b) Squint	32	16	2	1
(c) Other	16	13	—	—
Ears—(a) Hearing	8	5	1	—
(b) Otitis Media	45	4	1	—
(c) Other	9	4	—	—
Nose or Throat	63	124	7	4
Speech	5	16	—	1
Cervical Glands	11	87	—	1
Heart and Circulation ..	20	55	1	3
Lungs	38	45	2	1
Developmental—(a) Hernia ..	1	—	—	—
(b) Other ..	4	6	—	—
Orthopaedic—(a) Posture ..	21	25	—	—
(b) Flat foot ..	16	35	—	—
(c) Other ..	16	55	—	2
Nervous System—				
(a) Epilepsy	3	2	—	1
(b) Other	2	18	2	—
Psychological—				
(a) Development	9	4	—	—
(b) Stability	30	8	3	—
Other	46	26	9	1

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR, IN AGE GROUPS.

Age Groups	Number of pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	1,078	472	43.8	601	55.7	5	0.5
Second Age Group ..	928	394	42.5	529	67.0	5	0.5
Third age group	511	242	47.3	269	52.7	—	—
Total	2,517	1,108	44.0	1,399	55.6	10	0.4

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the school nurses or other authorised persons ..	15,984
Total number of individual pupils found to be infested	1,001
Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944)	13
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	1

DISEASES OF THE SKIN (excluding uncleanliness).

	<i>Number of cases treated or under treatment during the year</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Ringworm (i) Scalp ..	—	—
(ii) Body ..	—	—
Scabies	1	—
Impetigo	12	—
Other skin diseases	16	—
Total	29	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	<i>Number of cases dealt with</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint)	—	446
Total	—	446
Number of pupils for whom spectacles were—		
(a) prescribed	156	—
(b) obtained	148	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	4
(b) for adenoids and chronic tonsillitis ..	—	93
(c) for other nose and throat conditions ..	—	8
Received other forms of treatment	—	2
Total	—	107

CHILD GUIDANCE TREATMENT.

	<i>Number of cases treated</i>	
	<i>In the Authority's Child Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	14	—

ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in- patients in hospitals	10	
	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated other- wise, <i>e.g.</i> , in clinics or outpatient departments	39	—

SPEECH THERAPY.

Number of pupils treated by Speech Therapists :—

(a) by the Authority	46
(b) otherwise	—

OTHER TREATMENT GIVEN.

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments ..	137	—
(b) Other—		
1. Ultra Violet Light ..	127	—
2. Paediatric	—	28
3. Surgical	—	39
4. Dermatology	—	4
Total	264	71

CONSULTANT E.N.T. SERVICE.

Consultant Clinic.

No. of sessions held during the year 1

	<i>Pre-school children</i>	<i>School children</i>
No. of individual children seen by consultant, including those continuing attendance from previous year	2	15
No. of above referred for operative treatment	2	8
No. of children—		
(a) who obtained operative treatment during the year	2	7
(b) treated at school clinics	—	—
Total number of attendances at consultant clinic	2	15

CONSULTANT ORTHOPAEDIC SERVICE.

A. Consultant Clinic.

No. of sessions held during the year 11

	<i>Pre-school children</i>	<i>School children</i>
No. of individual patients seen by consultant, including those continuing attendance from previous year	6	13
No. of above—		
(a) referred for operative treatment as short-stay cases only	—	—
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist—		
(i) at treatment centres	—	2
(ii) domiciliary	—	2
No. of children who obtained operative treatment during the year	—	—
Total number of attendances at the consultant clinic	6	15

B. Treatment Centres.

No. of sessions held during the year 46

	<i>Pre-school children</i>	<i>School children</i>
Total number of patients treated (including cases continuing treatment from previous year) ..	7	39
Total number of attendances ..	40	266

C. Domiciliary Treatment.

	<i>Pre-school children</i>	<i>School children</i>
Total number treated	—	21
Total number of visits to patients' homes	—	39

D. Appliances.

	<i>Pre-school children</i>	<i>School children</i>
Number of appliances—		
(a) recommended	—	—
(b) obtained	—	—

PAEDIATRIC SERVICE.**Consultant Clinics.**

Number of sessions held during year 12

	<i>Pre-school children</i>	<i>School children</i>
Number of individual patients seen	13	30
Total number of attendances at clinics	28	53

SPEECH THERAPY.

Clinic.

1. Total number of sessions held during year 118

	<i>Stammers</i>	<i>Speech Defects</i>
(a) No. of new cases treated during year	4	21
(b) No. of cases already attending for treatment from previous year	12	9
(c) Total no. of cases treated ..	16	30
No. of cases discharged during year :—		
(a) Speech normal	6	9
(b) Unsuitable for treatment ..	—	3
(c) Left school	2	—
(d) By reason of non-attendance ..	—	—
(e) Other reasons	1	1
No. of cases awaiting treatment at end of year	—	—
No. of visits made to schools ..	14	14
No. of home visits	2	47

DIPHTHERIA IMMUNISATION.

A.—Immunisation carried out during the year (being a summary of the half-yearly returns required by the Ministry of Health).

Age at final injection

	<i>Under 1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 to 9</i>	<i>10 to 14</i>	<i>Total</i>
Number of children who completed a full course of primary immunisation (including temporary residents)	331	128	16	11	9	148	28	671
Total number of children who were given a secondary or reinforcing injection (<i>i.e.</i> , subsequent to complete full course)	—	—	—	—	6	526	161	693

B.—Immunisation in relation to Child Population.

Number of children at 31st December, 1953, who had completed a course of immunisation **at any time** since 1st January, 1939.

Age at 31.12.53 <i>i.e.</i> , Born in year	Under 1 1953	1 to 4 1952 to 1949	5 to 9 1948 to 1944	10 to 14 1943 to 1939	Under 15 Total
Last complete course of injections (whether primary or booster)—					
A. 1949—1953	48	1,945	2,573	2,172	6,738
B. 1948 or earlier	—	—	1,525	930	2,455

WHOOPING COUGH IMMUNISATION.

A.—Immunisation carried out during the year.

Age at Final Injection	Number of children who completed full course of immunisation
Under 6 months	10
6 months to 1 year	256
1—2 years	114
2—3 years	26
3—4 years	26
TOTAL	432

B.—Immunisation in relation to Child Population.

Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date :—

Age at 31.12.53 <i>i.e.</i> , Born in year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 1948	Total
Number immunised ..	55	304	111	52	25	7	554

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES.

Number of examinations carried out during the year .. 33

DOMICILIARY NURSING SERVICES.

Health Visiting. Following recent trends, there has been a still further widening of the scope of Health Visitors' work. This is an exacting branch of the Nursing Service. The Health Visitor is able to advise on many problems and her work is becoming increasingly recognised. The whole range of Tuberculosis visiting is now carried out by Health Visitors with the exception of a very small part of the Divisional area. School nursing is another branch of the work undertaken by Health Visitors and their knowledge of the family and background of children is of enormous help to all concerned. Efforts are being made to increase co-operation between the family doctor and the Health Visitor. Often this is a matter of personal relationship, but one can envisage a much closer working association when measures, now under consideration, are put into effect.

This should result in an all-round gain and should benefit very greatly families needing special care and attention.

Home Nursing. The trend here is of increased work, largely, of course, due to the ageing population and the increasing number of infirm and chronic sick patients who must stay at home. During the year the Relief Home Nurse resigned, but we have been fortunate in securing the services of two first-class nurses who will undertake holiday and routine relief work throughout the Division. I am particularly glad to be able to record this as there was a danger that some members of the Home Nursing Staff would become rather badly overloaded. This can now be avoided. The scope of the Home Nurse's duty tends to increase and I am glad to record that a very close relationship between her and the family doctor is existing and strengthening.

Midwifery Service. For some years now approximately 50 per cent of all births have taken place in Maternity Homes or Hospitals. There is no sign of change and no diminution in the demand for Institutional accommodation. Thus, the case load for the Midwives in this Division has tended to remain at a low level. During the year one Midwife resigned and one went absent from duty. In spite of this the work was adequately maintained and I think it possible that we shall find our present working number of six Midwives and one Relief to be quite adequate to cover the amount of domiciliary midwifery nursing. Relationships with Hospitals and with family doctors were extremely good throughout the year and no friction whatever occurred.

Home Help Service. This very important branch of the public health service increased considerably during the year. Indeed, towards the end of the year it was necessary to make a re-assessment of many cases because the number of hours per-

mitted was being exceeded throughout the Division. It is necessary to remember that when dealing with aged, infirm, or chronic sick recipients of Home Help, periods of months, or even years, must be envisaged. Needs tend to increase in individual cases and it is impossible to withdraw help without causing very considerable hardship. Very careful pruning has been necessary and a glance at the table showing the number of cases receiving help will indicate the complexity of the problem. The vast bulk of cases are those of elderly or infirm persons. It is far better that they should be maintained in reasonable comfort in their own homes than they should be allowed to fall into neglect and ultimately be driven to seek Institutional accommodation. I am glad to record that the cases of abuse which at first occurred with distressing regularity are now diminishing markedly and it is rare to find that there has been any misuse of the service.

DOMESTIC HELPS.

Authorised Divisional Establishment—

(i) Basic	..	..	..	..	..	..	23
(ii) From Reserve Pool	..	..	..	..	..	..	—
(iii) Total	..	..	..	..	..	..	<u>23</u>

Number of Domestic Helps employed at 31st December, 1953 :

(i) Whole-time	..	..	..	..	..	..	—
(ii) Part-time	..	..	..	..	..	..	47
(iii) Total	..	..	..	..	..	..	<u>47</u>

Cases provided with Domestic Help during year ended 31st December, 1953.

	<i>No. of cases</i>	<i>Hours employed</i>
(i) Maternity (including expectant mothers)	43	3,193
(ii) Tuberculosis	3	400
(iii) Chronic sick, including aged and infirm	181	47,182 $\frac{3}{4}$
(iv) Others	23	1,413 $\frac{1}{2}$
Totals	250	52,189 $\frac{1}{4}$

Employment :—

Total number of hours of all home helps employed between 1st January and 31st December, 1953, divided by 2,288 (52 weeks \times 44 hours).

No. of home helps that could have been employed full time. = 22.8 Home Helps

VACCINATION AND IMMUNISATION.

One can record with sober satisfaction that immunisation against Diphtheria has been maintained at a reasonably satisfactory level. There was, at one time, an indication of a certain amount of parental apathy, but this has been overcome to a great extent and parents are having children protected as a routine, either in the clinics or by their own medical practitioners. This is a very satisfactory state of affairs and the continued absence of any case of Diphtheria is a very happy reward for the efforts of all concerned. Reinforcing injections have been given to a very considerable number of school children and this service will be continued each year. No special publicity campaign was undertaken and I still pin my faith on the day-to-day efforts of Health Visitors in securing the co-operation of parents.

Vaccination against Smallpox showed a welcome improvement on 1952. This may have been due partly to the outbreak of Smallpox in another part of the Riding. The modern technique is so satisfactory and so completely devoid of risk or complication that there is really no reason for parents to withhold their consent. The great value of infant vaccination is the fact that should the child be exposed to risk in adult life, he or she can be re-vaccinated with no trouble and with absolutely no risk or disability. I hope that the present improvement in acceptance will be maintained and extended.

VACCINATION.

Number of persons vaccinated or re-vaccinated during the year.

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14 14	15 or over	Total
Number vaccinated	333	60	174	1,096	943	2,606
Number Re-vaccinated	—	—	1	354	1,047	1,402

Whooping Cough immunisation is now universally accepted as a routine procedure. In agreement with the Ministry, no special publicity has been given. Whooping Cough protection has been given to the children of all mothers requesting it and the fact that during the year no fewer than 432 children were

immunised is sufficient indication of the enthusiasm shown by the parents for this very important measure. It is yet too early to evaluate satisfactorily the results of immunisation. All observers, however, agree that a very considerable measure of protection is afforded and that immunisation against Whooping Cough should be offered to all young children.

During 1954 it is hoped to offer protection against Tuberculosis to children in the 13-14 year old age group. This protection will take the form of B.C.G. Vaccination, a measure which has been in use for a considerable number of years in some Continental countries. Vaccination will, of course, be entirely voluntary and will only be carried out after very careful preliminary tests to determine its necessity. It is hoped that the protection thus afforded will diminish very markedly the incidence of those tragic cases of overwhelming tuberculous infection which occur all too frequently in adolescents or young adults. In my Report next year I hope to give you a much fuller account of this procedure.

CLINIC PROVISION IN THE GARFORTH URBAN DISTRICT.

No major changes occurred during the year. Child Welfare Clinics are held weekly at Garforth, Kippax and Allerton Bywater and are all well attended.

Ante-Natal Clinics are held weekly at Garforth and Kippax. Attendances have continued lower than formerly, this being a trend which is being experienced universally. The reasons for this are partly that at least half of the births now take place in Maternity Homes or Hospitals and that women are going to the Ante-Natal Clinics at these institutions. In addition, many domiciliary cases are booking the family doctor who himself gives the necessary ante-natal care. Thus the diminution in clinic attendance does not mark any falling away of standards of ante-natal care. Whilst one may experience a certain amount of regret that the facilities offered by the Local Health Authority clinics are not utilised more, one must, in all honesty, express the view that the thing that really matters is that mothers should not be deprived of the necessary ante-natal care, from whatever source. One feels that no mother is failing to obtain the necessary help and advice so essential during pregnancy and such an important factor when the patient goes into labour.

Relaxation classes are held at Garforth and are proving popular.

Ultra Violet Light Clinics are held three times weekly at Garforth in the Clinic premises and have been found very beneficial.

Consultant Clinics. These are held at the Central Clinic, Rothwell, and there have been no changes since last year.

Ophthalmic Clinics are held two or three times monthly, according to need. The work is absolutely up to date and there is now no delay in the provision of glasses.

Dr. J. D. Pickup holds a Paediatric Consultant Clinic once a month. His services are very much appreciated and he is increasingly consulted by general practitioners in the area. Cases under his care are, if necessary, admitted to beds in Wakefield for observation or treatment.

Ear, Nose and Throat work is now completely up to date and again there is very little waiting. So easy is it for children to be seen in Hospitals that it has not been necessary to hold frequent Ear, Nose and Throat Clinic sessions at Rothwell. At the same time, Mr. Lord, Consultant Aural Surgeon, is available and attends if necessary.

An Orthopaedic Clinic was held weekly during the year and remedial exercises were carried out under the supervision of a specially trained Orthopaedic Nurse. The very few cases needing surgical intervention or advice were referred to the Orthopaedic Surgeon at Pinderfields Hospital.

A Speech Therapy Clinic is held on one whole day and one half day each week. It is reasonably well attended, though some dislocation is caused by broken appointments.

Dr. MacTaggart sees mal-adjusted children at the Child Guidance Clinic at Wakefield and her reports are helpful and up-to-date.

A review of Clinic provision in your district leads one to the conclusion that the services are reasonably adequate and that there is no justification for the construction of new special premises. The existing Central Clinic at Rothwell is adequate for all present needs.

AMBULANCE SERVICE.

This important and much used service has now settled down to a mature and steady level of efficiency. I am glad to reiterate my tribute to the kindness and co-operation extended by the Chief Ambulance Officer and his Divisional Officers. It is pleasant to be able to make personal contact should any difficulty or complication arise, and to know that one's views will be given a sympathetic hearing and one's difficulties considered and met wherever possible. No serious complaint has arisen and there is some evidence of a diminution of abuse of the service.

LABORATORY FACILITIES.

The laboratory at Wakefield, under the administrative control of Dr. Findlay, has rendered yeoman service throughout the year. Here again, one feels very strongly the advantage of being able to make personal contact and undertake discussions on cases requiring bacteriological investigation. The service is most efficiently run and everyone concerned is extremely helpful.

FOOD AND DRUGS.

Powers to act under the Food and Drugs Act have not yet been delegated to this Authority. Samples of water are submitted to the County Analyst at Halifax.

HOSPITAL PROVISION.

There has been very little change during the year in the Hospital situation. No difficulty is experienced except in obtaining the admission of chronic sick cases. Here, may I say at once, the difficulty is not the fault of any individual, or of the Hospital Service. The pressure on chronic sick beds is very great and I should like, once more, to pay tribute to the valuable work being done by Dr. Rosenthal, Geriatric Consultant. This work, more than any other, has been responsible for the slight amelioration which has taken place. Dr. Rosenthal's work of rehabilitating a considerable proportion of his elderly chronic sick cases has resulted in many cases being able to return to their homes and families. In spite of this one cannot be complacent. The ageing of the population makes an increase in the incidence of chronic sickness inevitable and additional accommodation is urgently required. Co-operation with general practitioners in the area has continued on the friendliest basis. They are greatly to be thanked for their restraint in seeking accommodation for this class of patient, and no instance has occurred during the year of any undue pressure in trying to obtain the admission of a patient who could be nursed satisfactorily at home.

Infectious Diseases provision is entirely adequate. The low incidence of Infectious Disease has meant that far fewer cases need admission. These, usually, are admitted to Seacroft Hospital. The standard of care and attention in this modern and well staffed Hospital is of the highest. I should like to take this opportunity of expressing my appreciation of the full and prompt reports regarding diagnosis and treatment which are meticulously sent to the family doctor and the Local Health Authority alike. No improvement in this field is needed, so far as your district is concerned.

General Hospitals. Acute medical and surgical cases are admitted to Leeds Hospitals without delay or difficulty. Our geographical situation in this respect is a very fortunate one and provision is adequate.

Maternity Home accommodation is available for all mothers needing such provision on social grounds. Cases presenting no obstetrical abnormality are admitted to Wakefield General Hospital, Manygates Maternity Hospital or Walton Hall Maternity Home. Abnormal cases are admitted mainly to Wakefield General Hospital or to Manygates, but accommodation is available at Leeds Maternity Hospital, and a number of cases have been admitted to the latter during the year. Approximately 50 per cent of all births now take place in Maternity Homes or Hospitals. Here again, I should like to acknowledge the co-operation which exists between the Maternity Hospital Service and the Local Authority. There is a free exchange of information and relationships have been of the happiest.

I must express some disappointment at the recent decision of the Pontefract Hospital Management Committee that maternity cases from the Garforth Urban District can no longer be admitted to the Maternity Home at Castleford. I agree that beds are available in the Wakefield area, but the journey involved is very considerable and visiting is an extremely difficult business. I have taken the matter up strongly but so far have obtained no satisfaction. I understand that the decision is due to the great shortage of maternity beds in the Pontefract and Castleford areas.

Apart from this last point, the over-all picture is of generally adequate hospital provision in the area. An increase in the number of beds for chronic sick is very desirable and I know that consideration is being given to this part of the Hospital service.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

With one exception the incidence of Infectious Disease has been very slight.

Diphtheria. Once again no case occurred during the year.

Scarlet Fever. A prevalence of Scarlet Fever, accounting in all for 53 cases of extremely mild type, occurred, mainly in the Kippax and Allerton areas amongst school children of the 5 to 10 years age group. Notifications continued to be received over a considerable period of time, and every effort was made to try to eliminate possible "carriers." No focus of infection was discovered and, as is customary in such cases, the outbreak gradually died out. Scarlet Fever is, at the present time, so very mild in type that it is proving difficult to enforce the necessary isolation of cases. One must express a certain amount of concern that children are being allowed out within a very short time of the rash appearing. At the same time it is only fair to say that no instance has come to light where permanent impairment of health has occurred. The present mildness of Scarlet Fever is a phenomenon which has been noted in the past. One must be on guard against a return of the more serious type of Scarlet Fever and one must deplore a tendency to laxity in the treatment and notification of the disease in some few instances.

Poliomyelitis (Infantile Paralysis). No case occurred during the year.

Puerperal Pyrexia. Once again completely absent.

Whooping Cough. During 1953 only 16 cases of Whooping Cough were notified, none being admitted to Hospital. Supplies of vaccinating material were available, but it is yet too early to give an accurate account of the results of vaccination against the disease. I expect a period of two or three years to elapse before the full value of widespread vaccination becomes apparent. Meanwhile Whooping Cough remains a distressing disease liable to serious complications and actually menacing life in young infants. Serious cases, if necessary, are admitted to Hospital. No death was attributed to the disease during 1953.

Measles. There was only a very moderate prevalence and one case was admitted to Hospital. It is interesting to note that this was the only case of Infectious Disease admitted to Hospital in the whole area throughout the year.

Pneumonia. Four cases only were notified.

Food Poisoning. Once more Food Poisoning was completely absent from the District and one must record with satisfaction this fact. Recent outbreaks in neighbouring areas make one realise that a constant vigilance is necessary to ensure a safe standard of hygiene in relation to food handling and preparation. Opportunity was taken to give talks to food handlers and it was noted that the standard of hygiene in school canteens continues high.

Dysentery. No case occurred.

Tuberculosis. I am sorry to be unable to report that there has been any improvement in the incidence of tuberculosis during 1953. At the same time there is, I think, good ground for hope of improvement in the not too distant future. A total of 8 new pulmonary and 2 non-pulmonary cases were notified. The almost universal pasteurisation of milk is largely responsible for the very low incidence of non-pulmonary tubercle and one can, with some justification, look for an early elimination of this particular type of tuberculous infection. The more widely used Mass Radiography facilities are bringing to light earlier cases which are likely to respond satisfactorily to treatment, and it may well be that the apparent slow decline in the number of new cases is due to earlier ascertainment. The outlook for any individual case has improved very considerably as a result of recent advances both in medical and surgical treatment. The Chest Physicians both at Chest Clinics and in Sanatoria are doing extremely valuable work and one is bound to feel optimistic as to the ultimate outcome from a community point of view.

During 1954 B.C.G. vaccination will be introduced to the community on a mass scale. It is intended to offer this protection to a selected age group of children. If parental consent is given preliminary skin tests will be carried out and vaccinations performed on children whose reactions justify this measure. There is absolutely no risk to the child, the procedure is painless and complications are practically unknown. Whilst it is not claimed that universal B.C.G. will eliminate tuberculosis from the community, it is felt, and there is a considerable volume of evidence available from certain continental countries, that vaccination of selected groups of children will do much to eliminate the overwhelming and sudden type of pulmonary tubercle which is instrumental in causing so many deaths in the adolescent and young adult age groups.

Tuberculosis represents a real and urgent challenge to preventive medicine. There is need to take every practicable step in its prevention and control. I am glad to record my appreciation of the sympathy and consideration given by your Housing Committee to requests for priority re-housing in certain cases of pulmonary tubercle requiring improved accommodation. For my part, I have endeavoured to exercise restraint in view of the over-all housing shortage. Only infectious cases needing separate bedroom accommodation have been put forward for priority consideration. The Chest Physicians are extremely appreciative of the understanding attitude displayed by your Council. I should like to add my own word of thanks.

Venereal Diseases. Venereal Diseases have been, so far as one can tell, almost completely absent. In fact, the Venereologists are rapidly putting themselves out of work. This is a certain sign of successful activity and represents the highest form of preventive medicine. No new case came to light during the year.

Enteric Fever. No case occurred during 1953.

Infestations. No adult case was notified during the year.

Pediculosis in school children was confined to a small but well-known group of families. Some particularly persistent offenders were subjected to pressure to ensure that their children's heads were kept clean. I am glad to report that success in ensuring freedom from infestation was recorded in every case. Re-infestation, however, must be anticipated in certain families, and very great vigilance is necessary in school to keep this nuisance under control. With the insecticides now available there is absolutely no excuse for verminous heads. In the interests of the child population, I am determined to take every possible means to eradicate infestation. May I add that the vast majority of children are clean in person and clothing and are well cared for.

Scabies. No notification was received. I have no knowledge of any incidence of this condition in your District during the year.

TUBERCULOSIS. Record of Cases During 1953.

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
No. of cases on Register at beginning of year	30	24	5	18
No. of cases notified for first time during year	6	2	—	2
No. of cases restored to Register ..	—	—	—	—
No. of cases added to Register otherwise than by notification	—	—	—	—
No. removed to other districts.. ..	—	—	—	—
No. recovered	2	1	2	5
No. died from the disease	—	1	—	—
No. died from other causes	2	—	—	—
No. removed from Register—revised diagnosis	—	1	—	—
No. of cases on Register at end of year	32	23	3	15

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1953.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	0	0	0	0	0	0	0	0
1—5 years.. ..	1	0	0	0	0	0	0	0
5—10 years ..	0	0	0	0	0	0	0	0
10—15 years ..	0	0	0	0	0	0	0	0
15—20 years ..	0	0	0	2	0	0	0	0
20—25 years ..	0	1	0	0	0	0	0	0
25—35 years ..	1	1	0	0	0	0	0	0
35—45 years ..	1	0	0	0	0	0	0	0
45—55 years ..	0	0	0	0	0	1	0	0
55—65 years ..	1	0	0	0	0	0	0	0
Over 65 years ..	2	0	0	0	0	0	0	0
Age unknown ..	0	0	0	0	0	0	0	0
Totals ..	6	2	0	2	0	1	0	0

TUBERCULOSIS (New Cases and Deaths) Since 1934.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1934	3	0	3	0
1935	1	3	1	0
1936	1	2	1	0
1937	1	0	0	0
1938	4	2	3	3
1939	3	2	3	0
1940	5	2	3	1
1941	5	2	3	1
1942	2	3	2	3
1943	9	0	2	3
1944	8	3	5	1
1945	6	1	5	0
1946	7	3	5	1
1947	7	4	4	0
1948	14	5	7	0
1949	14	1	2	1
1950	13	4	5	0
1951	6	3	7	0
1952	12	4	1	0
1953	8	2	1	0

CASES OF NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS (EXCLUDING TUBERCULOSIS).

Disease	Under 1 yr.		1—3 yrs.		3—5 yrs.		5—10 yrs.		10—15 yrs.		15—25 yrs.		25—45 yrs.		45—65 yrs.		Over 65 yrs.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Scarlet Fever	0	0	2	3	9	6	15	12	2	4	0	0	0	0	0	0	0	28	25	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteric Fever (including Paratyphoid)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	3	1	0
Puerperal Pyrexia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Anterior Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Anterior Encephalitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningococcal Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ophthalmia Neonatorum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Erysipelas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
Whooping Cough	0	1	6	4	3	0	0	2	0	0	0	0	0	0	0	0	0	9	7	0
Measles	1	1	8	7	3	10	9	13	0	0	0	1	0	0	0	0	0	21	32	0
Sonné Dysentery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Food Poisoning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS.. .. .	1	2	16	14	15	16	24	27	2	4	0	1	1	1	2	1	0	61	66	0

Only one case of any kind was admitted to Hospital—a case of Measles.

HOUSING.

Once again I should like to express my admiration of the efforts made by your Authority in the provision of new housing accommodation and in the improvement in standards in the old. In addition, the housing position in your area is likely to be improved by the rapidly proceeding construction of some 270 houses being built on behalf of the National Coal Board. It is hoped that some, at least, of these houses will be allocated to residents in the Urban District and will have additional effect in relieving the situation.

The recently announced policy of the Government in relation to Slum Clearance finds you in a reasonably happy position. Thanks to your far-sighted acceptance of the recommendation for carrying out " Slum Clearance " on individual houses, the numbers now remaining in this category have been reduced to manageable proportions. I see no reason why the slum problem should not be tackled satisfactorily and completed within the five year time limit suggested by the Ministry. Kippax in particular and, to a less extent, Allerton Bywater are the areas most in need of attention. Garforth has virtually no slum problem. I intend to press forward with a comprehensive scheme and to present you with the necessary report in the near future.

The conversion of privies is now proceeding at a rapid pace. During the year no fewer than 187 privies and 9 pail closets have been abolished and replaced by water carriage closets. This is an enormous improvement in the sanitary circumstances of the area. A very considerable number of houses in this district can be considered to conform to modern standards if and when water carriage sewage disposal is arranged. The total cost incurred is little more than that needed for the construction of 3 or 4 new houses. The newly constructed Sewage Works are of adequate size to take the whole of the waste and I hope that within a very short time there will be no more privies remaining in the whole Urban District.

HOUSING STATISTICS, 1953.

Number of dwelling houses in the District	3,945
Number of back-to-back houses included in above	26

1. Inspection of Dwelling Houses during the year :—

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 521
- (b) Number of inspections made for the purpose 1,072

2.	(a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1942.	92
	(b)	Number of inspections made for the purpose	201
3.		Number of dwelling houses needing further action :—	
	(a)	Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	62
	(b)	Number (excluding those in sub-head 3 (a) above) found not to be in all respects reasonably fit for human habitation	30

2. Remedy of Defects during the year without Service of Formal Notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	315
---	-----

3. Action under Statutory Powers during the year :—

(a)	Proceedings under Sections 9, 10 and 16 Housing Act, 1936 :—		
	(1)	Number of dwelling houses in respect of which notices were served requiring repairs	24
	(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
		(a) By owners	9
		(b) By Local Authority	1
(b)	Proceedings under the Public Health Acts :—		
	(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	158
	(2)	Number of dwelling houses in which defects were remedied after service of formal notices :—	
		(a) By owners	143
		(b) By Local Authority in default of owners	2
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—		
	(1)	Number of representations, etc., made in respect of dwelling houses unfit for habitation	51
	(2)	Number of dwelling houses in respect of which Demolition Orders were made	49
	(3)	Number of dwelling houses demolished in pursuance of Demolition Orders	8

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	<i>Nil</i>

4. Housing Act, 1936. Part IV. Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year	57
(2) Number of families dwelling therein	148
(3) Number of persons dwelling therein	514
(b) Number of new cases of overcrowding reported during the year	47
(c) (1) Number of cases of overcrowding relieved during the year	42
(2) Number of persons concerned in such cases	149

New Houses.

5. Number of new houses provided during the year :—

By the Local Authority—Permanent type	78
Temporary type	<i>Nil</i>
By Private Enterprise	21

6. Housing Act, 1949.

Any action in connection with Section 20, “ Grants to persons other than local authorities for improvement of housing accommodation ” *Nil*

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. There has been no change during the year in the arrangements for the supply of water. This is of very high quality indeed, and is obtained from the Leeds Corporation. The supply is satisfactory in quantity and I give below sample analyses. No standpipes nor wells are in use in the District. The water is without plumbo-solvent action.

Bacteriological Test—

Number of organisms per 1 cc. after 3 days at 20—22 degrees C.	4
Number of organisms per 1 cc. after 2 days at 37 degrees C.	20
Bacillus Coli Aerogenes—No. per 100 cc.s.	<i>Less than 1</i>

This is a Class 1 water.

Chemical Analysis—*Parts per million*

Total Solids	..	..	..	80
Chloride	..	..	..	16
Nitrite	..	..	..	<i>Nil</i>
Nitrate	..	..	..	0.03
Free Ammonia	..	..	..	0.01
Albuminoid Ammonia	..	..	..	0.02
Poisonous Metals	..	..	..	<i>Nil</i>
Total Hardness	..	..	..	60
pH	..	..	..	7.2

Sewage Works. The new sewage works at Allerton Bywater are functioning satisfactorily. As already stated the benefits accruing therefrom are becoming increasingly apparent. No problem now exists in relation to sewage disposal and you are greatly to be congratulated on your courageous decision to embark on what was, for a small Urban District, a very expensive undertaking.

Closet Accommodation. No less than 187 privies were converted to W.C.s during the year.

No. of privies with open ashpits	..	..	..	—
No. of pail or tub closets	..	..	..	4
No. of privies with covered middens	..	..	..	449
No. of Water Closets	..	..	..	3,926
No. of Waste Water Closets	..	..	..	3

Public Conveniences. Modern, well kept and adequately constructed conveniences are available at Garforth, Kippax and Allerton Bywater. I am glad to report that there has been less vandalism at the public conveniences.

Drains and Sewers. No major incident occurred during the year due to damage by mining subsidence. The possibility of damage to sewers and water mains is kept very much in mind and strict attention is paid to this possibility.

Public Cleansing. The cleansing of the district is done by direct labour and a very adequate service has been maintained. A mechanical gully emptier is hired from a neighbouring Authority. There are 18 cesspools in the area and these are emptied at intervals of about 5 weeks. No nuisance has arisen during the year.

Rivers and Streams. No action necessary during the year.

Shops and Offices. No complaint was received and no action has been necessary during the year in respect of any premises.

Camping Sites. There are no official camping sites in the area. From time to time individual caravans of good type have sought permission to use sites for short periods. Permission is not unreasonably withheld, although vigilance is necessary to avoid the haphazard siting of groups of caravans.

My views on caravans in general have undergone a slight modification in recent years. The present acute housing difficulties have driven many respectable people to the necessity of temporary caravan residence. Modern caravans are of good construction and if common sense is used in the provision of water and facilities for waste disposal, no nuisance should arise.

At the same time it is necessary to use every safeguard to ensure that no abuse occurs. There is a case for the consideration of establishing a properly constructed, licensed camping site in the area in a position where adequate sanitary provision and proper supervision can be provided and maintained.

Swimming Baths and Pools. No public baths in this area.

Bed Bug Eradication. Gammexane and D.D.T. are used with excellent results and routine disinfestation is carried out where necessary in relation to all new Council house tenants. 5 houses were reported as being verminous, two of which were treated with hydrocyanic acid gas, by a firm of fumigation contractors. The remaining 3 were sprayed with D.D.T. and Gammexane. 15 cases of beetle infestation were dealt with, again by the use of D.D.T. and Gammexane.

Smoke Abatement. It is, unfortunately, not possible to report any improvement in the emission of smoke at the Allerton Bywater Colliery. Under present circumstances no improvement can be expected. One is still assured that electrification at the Colliery will eventually be carried out and one can only hope that this will not be too long delayed.

Offensive Trades. There is no offensive trade carried on in the Garforth area.

Factories and Workshops. Parts 1 and 8 of the Act fall within the scope of administration of this Authority. Appended is a list of Outworkers and it will be noted that no special action has been necessary throughout the year. Routine inspections have been carried out in respect of Part 1 of the Act and again no special action has been necessary.

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions they should be reckoned as two, three or more cases.)

	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable Temperature ..	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective Drainage of Floors	—	—	—	—	—
Sanitary Conveniences—					
Insufficient	1	1	—	—	—
Not separate for sexes ..	—	—	—	—	—
Unsuitable or defective ..	2	2	—	1	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
TOTAL	3	3	—	1	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110		Section 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel—						
Making, etc. ..	3	—	—	—	—	—
Cleaning and						
Washing ..	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—
TOTAL ..	3	—	—	—	—	—

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY SANITARY INSPECTOR.)

Premises	No. on Register	Number of		
		In- spections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	12	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	28	30	—	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises)	11	24	2	—
TOTAL	51	66	2	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	52
Further enquiries	6
Disinfections	7
Schools disinfected	0
Miscellaneous visits	9
Scabies visits	0

Milk and Dairies.

Inspections of Cowsheds and Dairies	7
Milk samples taken	0

Food and Drugs Inspections.

Meat Inspections	..	..	..	..	..	..	34
Bakehouses	..	..	..	..	..	..	52
Food Inspections	..	..	..	..	..	..	54
Ice Cream Sampling	..	..	..	..	..	..	58
Water Sampling	..	..	..	..	..	..	3
Fish Shop Inspection	..	..	..	..	..	..	17

Housing.

Houses inspected and recorded	..	..	..	..	..	92
General Surveys	..	..	..	..	..	171
Public Health Act Inspections	..	..	..	..	..	412
Re-visits	..	..	..	..	..	321
Council Houses	..	..	..	..	..	80

Offensive Trades.

Inspection of Knackers' Yards	..	..	..	..	0
„ „ Blood Boiling premises	..	..	..	..	0

Sanitary Matters.

Inspections for Nuisances	..	..	..	..	..	474
Inspection of Verminous Premises			..	..	..	23
Inspections of Privies	..	..	..	..	..	243
Inspection of Piggeries	..	..	..	..	..	9
Inspections for Rat Infestations	..		..	..	..	110
Inspections of new drains	..	..	..	..	..	38
Drains tested	..	..	..	..	..	47
Smoke observations	..	..	..	..	..	0

Scavenging.

Inspections	..	..	..	..	..	..	52
Refuse Tips	..	..	..	..	..	..	129
Supervision of Workmen	..	..	..	..	..	..	61

Other Inspections.

Factories and Workshops	..	..	..	..	..	66
Tents, Vans and Sheds	..	..	..	..	..	19
Council House complaints	..	..	..	..	..	21
Inspection of Repairs	..	..	..	..	..	9
Miscellaneous	..	..	..	..	..	132
Number of Statutory Notices (Housing Act and Public Health Acts)	..	..	..	..	..	182
Number of Statutory Notices (Section 17 of the Housing Act, 1936)	..	..	..	..	..	0
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	..	..	..	..	..	56

ANNUAL REPORT

OF THE

SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT

(R. A. NAYLOR, C.R.S.I., M.S.I.A.)

for the Year 1953.

*To the Chairman and Members of the
Garforth Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report for the year 1953. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

HOUSING.

During the year further progress was made in the erection of new houses and 78 Council houses and 21 private houses were completed, bringing the total erected since the war to 550—457 Council and 93 private houses. With a view to maintaining this excellent record of house building, the Council have already purchased land sufficient for the construction of a further 500 houses.

It is evident, however, that even with this fine record, no slackening off in the erection of houses can be envisaged for some years to come, for although the number of Council houses at the end of 1953 was 1,074 (402 at Garforth, 338 at Kippax and 334 at Allerton Bywater), representing 27.2% of the total houses, the number of outstanding applications for Council houses at the same time was 938, showing an increase of 69 during the year.

The policy of granting one in every three houses built to tenants of houses represented as being unfit for human habitation was continued throughout the year. This year has seen great activity again in the clearance of slum dwellings, 51 houses being represented as unfit under the provisions of Section 11 of the Housing Act, 1936. 49 Demolition Orders were made and 2 undertakings not to use the houses for human habitation were accepted. In the period 1947-1953, 174 houses have been condemned and with the exception of 14 families, all have already been re-housed in new Council houses. It will be seen, therefore, that of the 457 Council houses erected since the war, 160 have been allocated to tenants of slum clearance houses, representing a percentage of 35.0. A further point of interest is that in the last 7 years, 1 out of every 17 private houses in the area has been condemned as unfit for human habitation. Many more houses in the area, particularly in Kippax, still fall far short of modern standards, and will in the near future require to be dealt with by a further vigorous slum clearance policy. It is gratifying to record that once again the Council have been unanimous in the desire to clear away as many slum dwellings as possible, and the only limitation imposed is by the number of houses which can be erected to re-house the tenants.

The repair and improvement of houses not yet warranting demolition continues to present difficulties. During the year 30 applications for loans under the Housing Act, 1949, were received to enable owners to improve their houses, and in 27 cases loans were granted. There seems, however, to be a singular lack of enthusiasm on the part of landlords to take advantage of the facilities offered under the Housing Act, 1949, and it is hoped that future legislation will improve the position.

PRIVY CONVERSIONS.

In this, the first year of the Council's scheme to abolish all the privy middens in the area, excellent progress has been made. 187 privies and 9 pail or waste water closets have been abolished and water closets provided in their place. During the course of this work, many defects in drainage and sewerage systems have been discovered, and opportunity was taken to reconstruct the defective systems. The work on the conversion scheme continues, and it is confidently hoped that within the next year or two, all the houses in the area, with the exception of the houses warranting demolition, will be on the water carriage system.

The drive to abolish all the dry ashpits in the area is practically completed, and during the year 95 ashpits have been abolished and dustbins provided.

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED DURING 1953.

Interior of Houses.

Floors renewed or repaired	..	..	..	..	25
Walls and ceilings replastered	..	..	..	..	61
Dampness abated	..	..	..	..	21
New glazed sinks provided	..	..	..	..	15
Windows enlarged or repaired	..	..	..	..	11
Doors repaired or renewed	..	..	..	..	5
Cooking ranges repaired or renewed	..	..	..	..	29
Water supplies improved	..	..	..	..	61

Exterior of Houses.

Roofs repaired	..	..	..	..	65
Eavesgutters repaired or renewed	..	..	..	..	71
Walls re-pointed	..	..	..	..	11
Walls rendered	..	..	..	..	4
Yards paved	..	..	..	..	2

Drainage.

Drains cleared from obstruction	..	..	..	..	222
Defective drains relaid	..	..	..	..	27
Inspection chambers provided	..	..	..	..	15
Cesspools abolished	..	..	..	..	1
Soil Pipes repaired	..	..	..	..	2

Sanitary Accommodation.

W.C. pedestals renewed	..	..	..	..	11
W.C. cisterns renewed	..	..	..	..	7
Additional W.C.'s provided	..	..	..	..	12
Privies converted to W.C.'s	..	..	..	..	187
Ashpits abolished	..	..	..	..	95
Dustbins renewed	..	..	..	..	212

MEAT AND OTHER FOODS.

Throughout the year the standard of hygiene in premises concerned with the handling of food has been very good, and it is becoming increasingly apparent that food traders are becoming hygiene conscious. In most cases it is only necessary to draw their attention to any unsatisfactory conditions and a ready response is forthcoming. It is my opinion, however, that the law requires strengthening and that the finest deterrent to the unsatisfactory food trader would be the annual licensing of premises.

All premises connected with food were inspected frequently during the year, and 52 inspections of unsound food were made at shops and canteens. No cases of food poisoning were notified during the year.

The following list gives details of food condemned as unfit for human consumption :—

Beef (Home killed)	94 lbs.
Beef (Imported)	101 lbs.
Mutton (Home killed)	61 lbs.
Mutton (Imported)	87 lbs.
Bacon	123 lbs.
Ham	119 lbs.
Eggs	223
Corned beef	19 tins
Pork Luncheon Meat	38 tins
Minced beef	62 tins
Cream	32 tins
Pears	58 tins
Pineapples	38 tins
Tinned fish	23 tins
Haddock	83 lbs.

BAKEHOUSES.

54 visits were made during 1953 to bakehouses in the district, and conditions were once again found to be very satisfactory. The only cause for complaint during the year was infestation by mice at one bakehouse and cockroaches at another. Both these complaints were speedily remedied.

ICE CREAM.

There are no manufacturers of Ice Cream in the area. 29 shops are registered for the sale of Ice Cream, and 60 inspections were made. In every case a modern refrigerator is installed for the storage of Ice Cream and suitable washing facilities are provided.

PRESERVED FOODS.

19 premises are registered for the preparation or manufacture of preserved foods, etc., and a survey revealed that in every case adequate washing facilities were provided. In only three instances was it necessary to draw the owners' attention to unsatisfactory conditions, which were remedied immediately.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

A "test baiting" of 10% of the sewer manholes in the area was undertaken during the year, and once again "no takes" were recorded. As a result of this test the Ministry of Agriculture and Fisheries have granted a certificate of exemption from further sewer treatment until April, 1955. The following table gives details of the work carried out under the above Act during fifteen months ended 31st March, 1954. During the year a part-time Rodent Operative has been employed in the Department.

	TYPE OF PROPERTY				
	Local Authority	Dwelling Houses	Agri-cultural	All other (including Business and Industrial)	Total
I. Total number of properties in Local Authority's District ..	8	3,945	34	151	4,138
II. Number of properties inspected by the Local Authority during 1953 as a result (a) of notification or (b) otherwise	(a) —	29	2	4	35
	(b) 8	9	18	6	41
III. Number of properties (under II) found to be infested by rats	Major 1	—	—	2	3
	Minor 3	24	2	1	30
IV. Number of properties (under II) found to be seriously infested by mice	—	5	2	—	7
V. Number of infested properties (under III and IV) treated by the Local Authority	4	29	—	3	36
VI. Number of notices served under Section 4 :—					
(1) Treatment	—	—	2	2	4
(2) Structural Works (i.e. Proofing)	—	—	2	1	3
TOTAL	—	—	4	3	7
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	—	—	—	—	—
VIII. Legal Proceedings	—	—	—	—	—
IX. Number of "block" control schemes carried out Nil.					

REFUSE COLLECTION AND DISPOSAL.

The cleansing of the district is carried out entirely by direct labour. Three Karrier Bantam Refuse Collection vehicles are employed full time on refuse collection, and one Karrier Bantam is engaged on Salvage and Kitchen Waste collection and acts as spare vehicle for refuse collection.

Once again I have to record the fact that due to the poor quality of the home coals supplied to miners, the character of the refuse in this area is very heavy indeed, and although a regular weekly collection of dustbins is maintained, at many houses there is a heap of dross and slates to collect in addition to a very full bin. This, coupled with the much greater length of carry necessitated in the new housing estates, adds greatly to the cost of refuse collection. Next year will see a need for re-organisation in the Cleansing Department, for in addition to the houses being erected by the Council, the National Coal Board Housing Association are erecting 276 houses for miners. One saving grace is the rapid progress being made in the abolition of privies and ash-pits, which to some degree balances the ever increasing number of houses.

Salvage has continued during the year and no difficulty is experienced in selling all the materials collected.

The following table gives details of salvage sold during the year :—

<i>Material</i>	<i>Weight</i>				<i>Income</i>		
	<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Waste Paper	56	5	2	0	339	5	9
Rags	5	8	3	26	134	3	0
Iron and Steel ..	3	4	0	0	16	19	9
Other metals		7	2	20	31	1	4
Kitchen waste ..	18	11	1	0	69	7	6
Totals ..	83	17	1	18	£590	17	4

It will be noted that the income is less than in previous years due to a heavy fall in the price obtained for waste paper, but still represents the product of a 2.8d. rate.

Finally, I wish to thank the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee, for their continued support during the year. It is only with their willing co-operation in the matters of Housing and Privy Conversions that such excellent progress has been possible. Again I wish to express my appreciation of the work carried out by Mr. Cockerham, your Additional Sanitary Inspector. I can only say that if the time ever comes for Mr. Cockerham to leave the service of this Authority, it will be very difficult to replace him adequately.

I am, Madam and Gentlemen,

Your obedient Servant,

R. A. NAYLOR,
Sanitary Inspector.

